



Derelict Vessel Grants

Application Form & Instructions

**Publication #01-07-044
September 2001**



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Derelict Vessel
Remedial Action Grant Program

Application Forms
And
Instructions

Ecology Publication No. 01-07-044

For additional copies of this report, contact:

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Solid Waste and Financial Assistance Program
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<http://www.ecy.wa.gov/programs/swfa/index.html>

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**For more information or if you have special accommodation needs, please contact
Michelle Payne at (360) 407-6129, (360) 407-6006 TDD, email:
mdav461@ecy.wa.gov.**

Application Instructions

For The Derelict Vessel Program Under The Remedial Action Grants

PART I -- GENERAL INSTRUCTIONS

1. Applicant

- A. Name: Enter your agency's name.
- B. Department/Division: Enter the name of your department or division within the agency.
- C. Address: Enter your agency's mailing address.
- D. Tax ID Number: Enter your tax ID number. (We must have a tax ID number to write the agreement.)

2. Project Title

Enter the name of the project.

3. Cost of Project

Enter the total cost of the project. Then enter the total of the costs eligible for grant funding.

Note: You can calculate these figures by completing "Part II - Budget" of the application form.

4. Total Grant Requested

Enter the total amount you are requesting for this project. This would be the grant percentage (50 percent) of the total eligible costs. (Example: if the total cost of a project is \$75,000 and the eligible costs are \$50,000 then the total you can request is 50 percent of \$50,000 or \$25,000 in grant funds).

5. Project Period

Enter the estimated start and end date of the project. The start of a project period is at the time that the applicant initiates action on the vessel.

6. Type of Applicant

Enter your agency's classification.

7. Project Location

Enter the county, municipality (if applicable), and district where the site is located.

8. Contact Person

Enter information for the person Ecology should contact if there are any questions about the project or this application.

9. Official or Agency to Whom Checks are to be Mailed

Enter information for the person who should receive the voucher reimbursements and payments and enter the information for the person who is the financial contact for questions regarding the reimbursement requests.

PART II – BUDGET

Applicant's Name

Enter the name of the agency applying for the grant.

Section A -- Calculation of Ecology Grant

Enter the appropriate information for all project tasks for which you want grant funding.

SAMPLE

| Item (Major Project Tasks) | | Total Project Cost | Requested From Ecology | Estimated Date of Delivery or Completion |
|-------------------------------|--|--------------------------|---------------------------|--|
| Task 1 | Removal and disposal of hazardous substances | \$ 2,500 | \$ 1,250 | June 2002 |
| Task 2 | Transportation Costs | 750 | 375 | June 2002 |
| Task 3 | Project Management | 1,000 | 500 | June 2002 |
| Task 4 | Sampling and Analysis | 1,200 | 600 | May 2002 |
| | TOTAL | \$5,450 | \$2,725 | |

Section B -- Budget Funding Source

Enter the information that shows the amount of local matching funds and by what source will get the funds for the project (i.e., cash match).

PART III -- CERTIFICATION AND AGREEMENT

The application must be signed by your agency representative authorized to obligate funds. **If the application is not signed, it is not valid!**

PART IV -- NARRATIVE STATEMENT

Include all information that the grant manager will need to draft the agreement and answer the questions completely.

**DEPARTMENT OF ECOLOGY
SOLID WASTE AND FINANCIAL ASSISTANCE PROGRAM
APPLICATION FOR
DERELICT VESSEL(S)/REMEDIAL ACTION GRANT**

FOR ECOLOGY USE ONLY

Application No. _____

PART I - GENERAL INFORMATION

1. APPLICANT

a. Name: _____ c. Address: (Street or PO Box Number, Town/City, State and ZIP+4) _____

b. Department/Division: _____

d. Tax ID Number: _____

2. PROJECT TITLE

3. COST OF PROJECT

Total: \$ _____

Eligible: \$ _____

4. TOTAL GRANT REQUESTED

\$ _____

5. PROJECT PERIOD

From: _____ To: _____

6. TYPE OF APPLICANT (Check appropriate box or boxes)

☐ Port

☐ City

☐ Other (Specify) _____

☐ County

☐ Special Purpose District

7. PROJECT LOCATION

a. County _____ b. Municipality _____

c. Legislative District(s) _____

8. CONTACT PERSON

a. Name _____

b. Title _____

c. Address _____

d. Telephone (Include Area Code) _____

**9. OFFICIAL OR AGENCY TO WHOM CHECKS ARE
TO BE MAILED**

a. Name _____

b. Title _____

c. Address _____

d. Telephone (Include Area Code) _____

e. Name and Telephone of Financial Contact: _____

| | |
|-------------------|--|
| PART II -- BUDGET | |
|-------------------|--|

| |
|-------------------------|
| APPLICANT'S NAME |
|-------------------------|

| |
|--|
| SECTION A -- CALCULATION OF ECOLOGY GRANT |
|--|

| |
|----------------------------|
| ITEMIZE ALL ELIGIBLE COSTS |
|----------------------------|

| TASK OR ITEM | TOTAL PROJECT COST | REQUESTED FROM ECOLOGY | ESTIMATED DATE OF DELIVERY OR COMPLETION |
|--------------|--------------------|------------------------|--|
| | | | |
| TOTALS | | | |

| SECTION B -- BUDGET FUNDING SOURCE | |
|---|---|
| ESTIMATED TOTAL COST OF PROJECT: | |
| REQUESTED GRANT AMOUNT: | |
| LOCAL MATCHING FUNDS BY SOURCE: | |
| PART III -- CERTIFICATION AND AGREEMENT | |
| <p>The undersigned representative certifies that the information submitted herewith is true and correct to the best of his/her knowledge and belief, and is authorized to sign and submit this application.</p> <p>The applicant agrees that if a grant is awarded on the basis of this application or any revision or amendment thereof, it will comply with all applicable statutory provisions and with the applicable terms, conditions, and procedures of the Department of Ecology grant regulation and of the grant agreement.</p> | |
| SIGNATURE OF AUTHORIZED REPRESENTATIVE | TYPED NAME AND TITLE |
| | |
| DATE | PHONE NUMBER (Include Area Code) |
| | |
| PART IV -- NARRATIVE STATEMENT | |
| <p>Please include all information requested in the instructions.</p> <ul style="list-style-type: none"> • Describe the environmental problem (potential threat to human and environmental health) and indicate how the proposed action will improve the environment in the area. • Describe the vessel(s) and how the cleanup will be conducted. • Describe the types and quantities of the hazardous substance (known or suspected) to be removed from the vessel(s). • Describe how you have determined that the vessel(s) has little or no value. • Was there an identified original owner and did that owner lack the financial resources to care for the vessel(s). • Provide proof of ownership of the vessel(s) and/or describe how you have established that you have legal possession of the vessel. Describe what authority allows you to conduct the cleanup (such as municipal code, statute, etc.). Please attach a copy of the authority. | |